

Before the
FEDERAL COMMUNICATIONS COMMISSION

From: John B. Livingstone, M.D. of Harvard Medical School

Re: ET Docket No. 97-206

In the Matter of Technical requirements to Enable Blocking of Video
Programming Based on Program Ratings. Implementation of
Sections 551 of the Telecommunications Act of 1996.

November 18, 1997

Office of the Secretary
Federal Communications Commission
1919 M Street, N.W.
Washington, D.C. 20554

Dear Chairman Kennard and Commissioners,

I am writing to file comments in response to questions contained in your Notice of Proposed Rulemaking adopted September 25, 1997. Although I have already provided in-pur to various organizations in the AMA-led coalition for their formal comments to the Commission, I wish to make a few independent clarifying comments about the real and significant differences between different rating systems.

I have a long standing combined experience, one in the field of television and another in child behavioral health. As a consequence of my 30 years of child health research and clinical experience, of work since 1985 with TV producers in the creative community and with practice and standards executives in the networks, of nearly three years at the OKTV Foundation, and of my numerous interactions with members of the TV Ratings Implementation Group, I am intimately familiar with the issues involved in both designing and implementing TV rating systems under Section 551 of the Act of 1996.

I encourage the Commission to hold fast to providing a regulatory framework that will 1) accommodate the possible development and use of multiple rating systems, 2) give highest priority on line 21 to ratings, after closed captioning, 3) ensure that rating information will not be deleted. Opposition from the TV Industry to the accommodation of multiple rating systems might take the form of proposing that their system has responded perfectly well to parental expressed needs, or that they will

“revise” their system again, or that multiple ratings will confuse and discourage parents, or that it is technically too difficult. None of these arguments or others I have heard override the advantages to parents. I will address several.

I support the Commission's intention to accommodate multiple rating systems for the following three reasons- In concert with Sec 551:

1) In our diverse society, creating options truly shifts the empowerment to the parents. This makes Constitutional sense and increases the acceptance and impact of this national project born out of Congressional and public concern for children. Components of parental empowerment include a) equal access to information from different sources external to the family which they are free to blend with their internal personal beliefs and their knowledge about their child's development, and b) access to strategies and the mechanical means of implementation. These issues seem as relevant to TV ratings as they are to medical care and a raft of other matters in the daily parenting of children and teenagers.

2) The differences between different rating systems are not a trivial matter. They constitute differences in basic goals and design. As I will briefly explain, they go far beyond the surface appearance of a system's rating symbols and codes and are facilitated by the language of Sec 551. There are two distinct end goals embedded in the text of Sec 551. The first is to limit the harm to children from the use of the TV networks, on the other. Accommodating the development and use of more than one rating system increases the likelihood that all major goals of this legislation will be realized. Here is a description of the two distinct goals to which I am referring:

One goal focuses on child health science and is derived from the portion which reads “there is a compelling government interest to limit the negative influences of video programming that is harmful to children” Sec 551 (a) (8). Research studies are mentioned in Sec. 551 as justification for this assertion. These features of The Act establish the goal of lowering health risk to children by providing parents with access to reliable rating information determined by raters who focus on the specific elements in television shows demonstrated by research to raise risk for children. This is a typical public health model and is most familiar to child health scientists including child and adolescent psychiatrists and psychologists, pediatricians, and TV social science researchers. A rating system based on this model will develop a set of explicit rating criteria based on the research and will expect raters to objectify the process of assigning that system's rating symbols to TV programs. This type of rating system will concentrate heavily on reliability, consistency, and the establishment of an audit trail of decision making for evaluative purposes and

for disclosure to interested parties. These characteristics are illustrated by the work within the AMA-led coalition and the OKTV Foundation.

The other goal in the text of Sec 551 focuses on parental beliefs and giving parents power to exercise them. This goal is based on giving parents capability to block programing that "they believe" is "harmful", "indecent" and "inappropriate" (Sec 551 (b)(1)(2)). Parental beliefs about harm and indecency are not in an identical paradigm with child health research findings although there can be overlap. Both, however, contribute to parental empowerment and become integrated within the thinking of each parent. A rating system based purely on the parental belief model would need to supply enormous amounts of descriptive content information about each show so that parents could make an informed personal decision. Or it would be designed to have the raters use some combination of community standards of decency, parental surveys, and their own quasi scientific judgment. Although methods for controlling personal, regional, and commercial bias and for ensuring consistency are an essential part of all rating systems, they are of particular importance when attempting to fulfill this aspect of Sec 551. The industry's design was the conscious choice of the TV Rating Implementation Group, and the characteristics of their system were evident to those of us interacting with the Implementation Group during 1996-7 and are confirmed by my subsequent consultation work to people in the standards departments at the networks. The core design of the revised TV Industry system places it mainly in the parent belief paradigm. The goal is similar to the MPAA rating process although the list of rating symbols is somewhat different, and rating decisions in one case are made by network executives and in the other, by a secret committee of parents. What excludes the industry system from the child health science category is that their rating process is not derived from a professional review of all the scientific literature, does not use a uniform set of explicit research-based criteria to objectify the rating process, and their goals are a mixture of commercial, legal and social responsibility.

3) The third reason why I support multiple ratings is that the TV Creative Community all along has had different ideas about rating than have the networks contrary to statements from the TV Ratings Implementation Group that they represent the "entire TV industry". Despite the fact that the creative community had several delegates on the TV Ratings Implementation Group, many experienced TV writers and producers believe that their expertise has not been well utilized by the networks. As you may know, in November 1996, The Caucus for Producers, Writers and Directors published their views about rating design. Antedating the NPTA parent survey, they emphasized that parents need content information not just age-related advice and expressed their dissatisfaction with an MPAA-style system. I want The Commission to know that

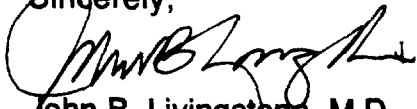
leading TV producers in the creative community have expressed interest in collaborating with professionals from the medical community to complete the design of the major alternative system already in process (OKTV Foundation). Such a collaboration would facilitate timely advanced ratings by an alternative system. The child health paradigm is quite attractive to the creative community because it emphasizes consideration of story context which permits use of moderate violent or sexual elements to set up stories whose resolutions may well have a positive health impact on child audiences. Room is needed for this approach to be a consistent part of rating.

In closing, there are very real differences between rating systems. They go far deeper than how rating symbols look. I believe that parents will benefit from access to truly different choices. It is not empowering to the public to preempt the types and quantity of TV rating information by allowing only one group, in one paradigm, to implement this particular law. Multiple ratings would strengthen parental empowerment rather than create confusion. What fosters public confusion is ill-defined terminology and inconsistency within a rating system.

I hope that the TV industry will conduct independent evaluations of their system over the next few years. A child health rating system would certainly have theirs independently evaluated and would update its rating criteria as research evolves.

I appreciate this chance to clarify these points.

Sincerely,



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